

## Visit Note

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**Patient:** [REDACTED]

**DOB:** [REDACTED]

**Time:** 5:30 PM

**Location:** Chase Clinic

**Date:** 06/07/2012

**Provider:** Sanders, Lisa  
M.D.

**PCP:** Sanders, Lisa

### SUBJECTIVE

#### Follow-Up Visit (Sanders, Lisa M.D.) :

[REDACTED] presents for follow-up for chronic cough: persistent. Not improved with codeine or other cough suppressants; didn't improve with 2 different PPI's nor with antihistamines. Was also given albuterol inhaler. Patient has lost weight but not clear to me why. She does have this persistent abdominal discomfort but more likely culprit is that she removed all acid containing foods - long list she told me - from her diet leaving her with little to choose from. last night she had a green salad which tasted very good and didn't bother her stomach. I have encouraged her to broaden her diet. it doesn't sound as if food affects either the cough or the abd pain. Bowel movements do not either.

She is scheduled for an upper endoscopy on 6/18. She saw [REDACTED] today in preparation for the scope.

#### General Health Review (Sanders, Lisa M.D.) :

Her weight has decreased by (lbs) 6 lbs.

#### Current Medications (Sanders, Lisa M.D.) :

STOPPED: Allegra 60mg Tab 1 TABLET TWICE DAILY, Stopped by Patient  
STOPPED: Vitamin D Strength/Form Unknown, Stopped by Patient  
Oyster-Cal 500 Strength/Form Unknown  
Selsun 2.5% Shampoo 2.5% lotion Apply to scalp daily  
Westcort 0.2% Ointment As Directed  
apply to bottom of foot twice a day when it itches.

**Medical Past History Review (Sanders, Lisa M.D.) :**

Patient has a medical history of shingles with post herpetic neuralgia  
fibroid uterus  
varicose vein  
Bunionectomy complicated by bone loss and repair with graft  
Pneumonia  
cataracts - very small, not requiring surgery at this point  
chronic cough.

**Health Care Maintenance (Sanders, Lisa M.D.) :**

Colonoscopy: -  
Colonoscopy Date: 5-1-11  
Colonoscopy Result: stool cards: neg x 3

Mammogram: -  
Mammogram date: 4-29-11  
Mammogram result: NORMAL

Cholesterol Screening: -  
Cholesterol test date: 4-8-11  
Cholesterol results- Total: 171  
Triglycerides: 68  
HDL: 68  
LDL: 89

Fasting glucose: -  
Fasting glucose date: 4-8-11  
Fasting glucose result: 92

Influenza: -  
Influenza vaccine date: 10/25/10

Tetanus(DTaP): -  
Tetanus vaccine date: 10/25/10

**4-9-10**  
**LFTs nl**  
**BUN/Cr nl**  
**TSH 1.85**

**UA: + LE, nitrate, bacteria but rare epithelial cell - based on readings asymptomatic bacteriuria should not be treated in this population. Will retest to identify bacteria but will not treat.**

**Pncumovax given: lot # 0060z, exp date 2-3-2011**

Pneumovax: -

Pneumovax vaccine date: 4-23-10

**Social History (Sanders, Lisa M.D.) :**

There is no change in past social history.

**OBJECTIVE**

**Vital Signs (Sanders, Lisa M.D.) :**

Vitals (Adult) -

Weight (lbs): 110

Height (in): 63

Body Mass Index: 19.483

Blood Pressure (L) initial: 110/60

Pulse at Rest: 80

**General Appearance (Sanders, Lisa M.D.) :**

██████ appears well.

**ASSESSMENT**

**Assessments (Sanders, Lisa M.D.) :**

Cough Chronic, 786.2

Cough Chronic, 786.2

**General Assessment (Sanders, Lisa M.D.) :**

In reading up on chronic cough, two other entities should be considered. One is cough variant asthma and the other is chronic eosinophilic bronchitis. Both are characterized by hypereosinophilia. Cough variant asthma is often controllable by ipatropium. Chronic icosinophilic bronchitis usually requires inhaled steroids.

Will send off sputum to have gram stain and cell count to look for eos.

Gave the patient a sample of tiotropium to see if the cough responded to the long acting version of ipitropium.

Patient also has this unusual abd pain that she calls dull, not nausea and persistent. It comes and goes but is not associated with food or bowel movements. May be due to her cough though it doesn't appear to be musculoskeletal. The presence of this abdominal pain and the weight loss and complaints of weakness make the possibility of malignancy or some other gi problem a possibility. She has no anemia, her labs are mostly normal and her sed rate is only mildly elevated at 36. I look forward to hearing the results of the scope and bx.

In thinking about this patient I also realized that I hadn't screened her for vit d deficiency. Doubt that could cause the cough, or even the abdominal pain but could be cause of the weakness. Will check for that with next blood draw.

### PLAN

#### Medication Plan (Sanders, Lisa M.D.) :

NEW: Spiriva-30 18 Mg Capsules 1 qd pm, 1 mdi, 0 Refills  
sample provided

#### Waterbury Hospital Lab Orders (Sanders, Lisa M.D.) :

**Sputum cell count and culture**

#### E&M Codes (Sanders, Lisa M.D.) :

Established Patient office visit 15 minutes (detailed problem), 99213

#### Revisit Orders (Sanders, Lisa M.D.) :

TIME UNTIL NEXT VISIT: 4 - 6 weeks.

### ASSOCIATED PROCEDURES

Established Patient office visit 15 minutes (detailed problem), 99213

Cough Chronic, 786.2

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